

Facility Name:
 Surveyor Name:
 Date:

Survey To-Do List
 Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Please check off each task as it is completed.

Task	<input checked="" type="checkbox"/>
CMS-3070G and Provider Checklist	
Sample selection (consider information on Provider Checklist)	
Review incident and/or accident reports, investigations, grievance issues, and tracking and/or trending	
<ul style="list-style-type: none"> Review abuse and/or neglect policy as needed to ensure compliance 	
<ul style="list-style-type: none"> If staff-to-resident abuse, review criminal background checks 	
Observations to include:	
<ul style="list-style-type: none"> Morning (med pass usually done here) 	
<ul style="list-style-type: none"> Afternoon (combined team) 	
<ul style="list-style-type: none"> Evening 	
<ul style="list-style-type: none"> Day programs, workshops, schools, etc. 	
Required interviews: individual, family, and/or guardian, and outside services	
Sample individual record verification to include:	
<ul style="list-style-type: none"> Medical and program records 	
<ul style="list-style-type: none"> Comprehensive functional assessments 	
<ul style="list-style-type: none"> Treatment plans (Individual Program Plan [IPP]) 	
<ul style="list-style-type: none"> Outside services 	
<ul style="list-style-type: none"> Restrictive interventions, informed consents, less restrictive interventions (Specially-Constituted Committee [SCC]) 	
<ul style="list-style-type: none"> Behavior management plans (all identified maladaptive behaviors, replacement behaviors, etc.) 	
<ul style="list-style-type: none"> Medication reduction plans 	
<ul style="list-style-type: none"> Use of personal funds (financials) 	
<ul style="list-style-type: none"> Qualified Intellectual Disabilities Professional (QIDP) program monitoring and change 	
Facility record verification to include:	
<ul style="list-style-type: none"> Drug pass versus medication order sheets 	
<ul style="list-style-type: none"> Staffing patterns (as worked) 	
<ul style="list-style-type: none"> Behavior policy (ensure matches behavior programs, consents, restrictive 	

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interventions, etc.)	
• Discharges, deaths, etc.	
• Evacuation drills	
• Criminal background checks PRN (i.e., information from Criminal History Unit)	
Environmental survey	
Question and answer, arrange Exit Conference.	
Team findings: Form CMS-3070H and regulations to be cited based on assigned sample	
Attend Exit Conference, pick up Form CMS-3070G	